24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Human Rights Campaign PAC				
	C C00235853			
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file				
Full Name of Payee	Date of Public Distribution/Dissemination			
Impact Dialing	M M / D D / Y Y Y Y			
Mailing Address 400 SW 6th Ave Suite 800	02 29 2016 Amount			
City State Zip Code	21.18			
Portland OR 97204	Transaction ID : D623413 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone calls Category/ Type	03 10 7 2016			
Name of Federal Candidate Support Off	ice Sought: House District: 00			
Hillary Rodham Clinton Oppose	Y President Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Impact Dialing	02 29 2016			
Mailing Address 400 SW 6th Ave Suite 800				
	Amount			
City State Zip Code	79.53			
Portland OR 97204	Transaction ID : D623414 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone calls Category/	03 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Type	03 10 2010			
Name of Federal Candidate Support Off	fice Sought: House District: 00			
Hillary Rodham Clinton Oppose	Y President Senate State: MN			
4500 00 20	sbursement For: X Primary General			
Per Election for Office Sought	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	100.71			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
	7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. James Rinefierd				
Signature [Electronically Filed] Date	03 10 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI END	TIONES		PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Human Rights Campaign PAC				C C00235853		
Check if 24-hour report 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y = Y		
Full Name of Payee			Date	of Public Distribution/Dissemination		
Impact Dialing			[02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 400 SW 6th Ave Suite 800			Amou	unt		
City	State	Zip Code		5.23		
Portland	OR	97204		Transaction ID : D623415 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone calls		Category/ Type		03 10 2016		
Name of Federal Candidate		Support	Office Soug	nt: House District: 00		
Hillary Rodham Clinton		Oppose	X Presid	lent Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought	-, -,	1455.08	Disbursement 2016	nt For:		
Full Name of Payee			Date	of Public Distribution/Dissemination		
Impact Dialing			[02 / 29 / 2016		
Mailing Address 400 SW 6th Ave Suite 800			Amo	unt		
City	State	Zip Code		26.63		
Portland	OR	97204		action ID : D623416 of Disbursement or Obligation		
Purpose of Expenditure Telephone calls		Category/ Type] [03 / 10 / 2016		
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00		
Hillary Rodham Clinton		Oppose	X Presid	dent Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	7 7	26.63	Disburseme 2016	nt For:		
(a) SUBTOTAL of Itemized Independent Expendi	tures			31.86		
				171717		
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 7 7		
(c) TOTAL Independent Expenditures			· [7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mr. James Rinefierd Signature	[Electron	nically Filed] Date	9 03	10 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Human Rights Campaign PAC	C C00235853			
	<u> </u>			
Check if X 24-hour report 48-hour report New report Amends report	t filed on			
Full Name of Payee	Date of Public Distribution/Dissemination			
Impact Dialing	02 29 2016			
Mailing Address 400 SW 6th Ave Suite 800	Amount			
City State Zip Code	49.48			
Portland OR 97204	Transaction ID : D623417 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone calls Category/ Type	03 / 10 / 2016			
Name of Federal Candidate Support	Office Sought: House District: 00			
Hillary Rodham Clinton Oppose	President Senate State: GA			
Calendar Year-To-Date Per Election for Office Sought 1499.33	Disbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address	Amount			
	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support	Office Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date	Disbursement For: Primary General			
Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	49.48			
(b) SUBTOTAL of Unitemized Independent Expenditures	>			
(c) TOTAL Independent Expenditures	182.05			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. James Rinefierd [Electronically Filed] Date	03 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				